

Case Number:	CM15-0097629		
Date Assigned:	05/28/2015	Date of Injury:	02/04/2005
Decision Date:	06/29/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/20/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 66 year old male, who sustained an industrial injury on 02/04/2005. The injured worker is currently diagnosed as having gastropathy, erosive gastritis, constipation, bright red blood per rectum, and sleep disorder. Treatment and diagnostics to date has included medications. In a progress note dated 02/17/2015, the injured worker presented with complaints of unchanged sleep quality, improving constipation, and unchanged acid reflux. Objective findings include soft abdomen with normoactive bowel sounds. The treating physician reported requesting authorization for Floranex.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Floranex 1mm cell #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/10941602.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/mtm/floranex.html>.

Decision rationale: Pursuant to drugs.com, Floranex 1mm cell #60 is not medically necessary. Lactobacillus is a bacteria that exists naturally in the body, primarily in the intestines and the vagina. Lactobacillus helps maintain an acidic environment in the body, which can prevent the growth of harmful bacteria. Lactobacillus has been used as a probiotic, or "friendly bacteria." In this case, the injured worker's working diagnoses (internal medicine) are gastropathy; erosive gastritis; constipation, right red blood per rectum with history hemorrhoids; and sleep disorder. The request for authorization is dated April 8, 2015. The most recent progress in the medical record is dated February 17, 2015. There is no contemporaneous clinical documentation on or about the date of request for authorization in the medical record. Subjectively, according to a February 17, 2015 progress note, the injured worker has unchanged sleep quality, improving constipation and unchanged reflux. Objectively, the injured worker's vital signs are normal and the physical examination is unremarkable. The treatment plan includes a request for all medical records from the injured worker's attorney. There is no request for Floranex or a clinical indication or rationale for Floranex. Consequently, absent clinical documentation with a discussion, indication of clinical rationale for Floranex, Floranex 1mm cell #60 is not medically necessary.